

Twenty-Fourth Annual Westberg
Parish Nurse Symposium
“Thriving in a Changing World”

September 17-19, 2010
St. Charles Convention Center/Embassy Suites, St. Charles, Missouri

Call for Proposals – Worship Leaders

Your parish nurse group is invited to participate in the 24th Annual Westberg Parish Nurse Symposium by submitting a proposal to present *either* the Opening Worship Service on Friday evening or the Saturday morning worship service.

On Friday evening, the worship service is 45 minutes in length, on Saturday morning the service is 30 minutes. Each worship service should embody the theme of the symposium and its verse of reflection: “You will be secure, because there is hope; you will look about you and take your rest in safety.” Job 11:18 NIV.

The goals and objectives of the symposium are as follows:

Parish nursing can thrive in challenging times because intentional spiritual care is our core. This symposium will equip parish nurses with strategies and tools to enhance holistic ministries to learn how to thrive for survival. Presentations should address one of the following symposium objectives:

- Identify three strategies for balance of personal and professional life through spiritual growth and renewal.
- Discuss the development of collaboration and networking in times of limited resources and increasing needs.
- Implement ideas to build and sustain fervor in their ministry/practice.
- Select tools and strategies to promote value, effectiveness and visibility of their parish nurse practice.

Parish nursing is practiced in many different faith traditions so worship should be welcoming to all.

Your group will receive \$200 in compensation for providing worship. A piano will be available for your use but you may also bring other musical instruments if you wish.

We recommend you project your order of worship via PowerPoint words and images. Bring them on a disk or a jump drive and our AV people will be able to project them for you. Obtaining permission for any copyrighted material used during worship will be your responsibility.

Worship Application Form

Name of Parish Nurse Group _____

Contact Person Name _____ Email _____

Mailing address _____

City _____ State _____ Zip Code _____

Choose one worship time: Friday evening _____ Saturday morning _____

Approximate number of people participating _____

Title or theme of worship service _____

Type, style, or category of worship service (traditional, contemporary, other, etc)

Scripture or other sacred text to be used _____

Musical instruments required _____

Briefly outline what elements you would include in worship